

**MHDS COMMISSION**  
**January 21, 2021**  
**9:30 am to 12:00 pm**  
**Zoom**

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**MHDS COMMISSION MEMBERS PRESENT:**

Betsy Akin	Maria Sorensen
Diane Brecht	Cory Turner
Teresa Daubitz	Richard Whitaker
Janee Harvey	Russell Wood
John Parmeter	Lorrie Young
Timothy Perkins	

**MHDS COMMISSION MEMBERS ABSENT:**

Shari O'Bannon

**OTHER ATTENDEES:**

Theresa Armstrong	Todd Lange
Kris Bell	Lori Nosekabel
Emily Berry	Caitlin Owens
Victoria Daniels	Flora Schmidt
Connie Fanselow	Susan Seehase
Sandi Hurtado-Peters	Jason Vermeer
Julie Jetter	Quinn Wood
Kathy Johnson	

**Welcome and Introductions**

John Parmeter called the meeting to order at 9:33am and led introductions. Quorum was established with eleven members present virtually. John asked Commission members to let the Commission know of any conflicts when voting.

**Review and Vote on December 3, 2020 Meeting Minutes**

Russell Wood made a motion to approve the December 3, 2020 meeting minutes. Betsy Akin seconded the motion. The motion passed unanimously.

**Mental Health and Disabilities Services Regional Policies and Procedures Amendments**

Lori Nosekabel, CEO, Southern Hills Regional Mental Health introduced herself to the Commission and reviewed amendments to the Regional Policies and Procedures. Lori noted that the changes included updates and clean-up of language to accommodate Children's Behavioral Health and Complex Needs legislation.

John Parmeter questioned whether or not the Region will be financially able to implement complex needs and children's mental health services. Lori indicated that she was working on the budget at this time, but that the Region would be financially able to implement these services. Russell Wood questioned if the Region's Children's Advisory Board was up and

running, and if those individuals have been appointed to the Region's Governing Board as voting members. Lori indicated that the Children's Advisory Board was not up and running yet, due to recruitment of members and the pandemic. Betsy Akin asked whether the voting members of the Governing Board were all Board of Supervisors. Lori stated that it also includes voting members from the Advisory Committee and clarified they have not been assigned, but will be. Richard Whitaker asked if there were incentives in place for providers that were being taken away, or if that was just language that had been added and not acted on. Lori stated that provider incentives had not been issued, and since the Region doesn't feel they will be able to do it moving forward, they removed the language.

John Parmeter entertained a motion to recommend approval of the Southern Hills Regional Mental Health Management Plan. Lorrie Young motioned to recommend approval and Richard Whitaker seconded the motion. The motion passed unanimously.

### **Update on Children's Behavioral Health System State Board**

John Parmeter reported that Children's State Board met on December 18, 2020 and the agenda was primarily a parent panel discussion. The panel consisted of four mothers, one from Eastern Iowa, two from Central Iowa and one from Western Iowa. John stated the women described challenges in trying to provide appropriate care for their children, and they provided heart wrenching examples in trying to access services, and specifically services that were appropriate for their children substantial mental health needs. Even those on a waiver program reported that they still had trouble accessing services. John indicated that the Governor was present during the panel discussion. The four panelists advocated strongly for the need to increase the scope of services that are available for children, the State take action to increase the number of qualified of mental health professionals, increased funding for regions, and removing the cap on the mental health levies.

Commission discussed the challenges organizations have and retaining Licensed Independent Social Workers (LISWs) and therapists and the motivation for clinicians to go into private practice versus facilities and centers. There was also discussion on the lack of a clear system for individuals who are experiencing mental health issues and where to go what services are available. Russell Wood shared that the MHDS Regions are working on a centralized platform to market available services.

### **Person-Centered Positive Behavioral Supports Training**

Connie Fanselow, Community Mental Health and Disability Services (MHDS), provided the Commission with information regarding the Person-Centered Positive Behavioral Support Training Project. The main goals of the project, include increasing statewide community provider capacity and thereby increase provider commitment to serving individuals with multi-complex needs or hard to serve individuals. They hope to improve the quality, and stability of community based services to individuals resulting in better quality of life outcomes, reduction in the need to move individuals to a higher level of care or to discharge. The project is to assist provider agencies, and other human service organizations, in developing and sustaining a

positive and respectful culture for their staff and persons served, and to promote effective and consistent implementation of all principles learned. The project relates closely with Iowa's Olmstead Plan as well as the Department of Human Services (DHS) Community Integration Plan.

MHDS developed the project with input and funds from the Developmental Disabilities (DD) Council in the fall of 2019. The DD Council initially provided \$25,000 for the project and the initial timeline was from March 1, 2020 through September 2020. The DD Council extended their support with an additional \$10,000 for 2021. The project was designed with supports from the University of Iowa, Centers for Disability Development (CDD), and a contracted subject matter expert who developed the current training content and is the instructor. The initial plan was to train 20-25 individuals who would be state trainers. These state trainers would then go MHDS Regions and provide training to case managers and direct support professionals.

There are 23 state trainers who also serve as a state leadership team. The individuals on this leadership team represent MHDS, Community and Facilities, State Resource Centers, Managed Care Organizations, Money Follows the Person (MFP), Iowa Association of Community Providers (IACP), I-START, multiple MHDS regions, and three provider agencies. The leadership team has been focused on how agencies can infuse these practices into the culture of their organization to make it a supportive environment for workers and the individuals they serve. Over the next year the training will be offered virtually to individuals who do direct support.

The state leadership team will be a steering group to sustain this project after this year's funding is gone. The group has set up an online site for access to training materials, resources, etc. The team has workgroups, which statewide standards, metrics for outcomes, and collaborating with community corrections and the jail populations.

John Parmeter commented that the planning and training of a project of this scope can take time away from revenue producing activities. John questioned whether the State was offering financial support to providers who would like to offer this type of training. Connie stated that there wasn't state funding at this time, but all of the participants in the state leadership team received approval from their supervisors prior to the start of this project, and committed to a certain amount of time investment to move this project forward. They plan to keep the virtual trainings to one or one and a half hours, and recorded when possible to help reduce the impact to productivity for participants.

### **Mental Health and Disability Services (MHDS) System Funding**

Theresa Armstrong presented information to the Commission members as a refresher on the MHDS System and how it is funded. Theresa reviewed the bubble chart on Funding Sources for Children's Behavioral Health Services, and explained that with slight modifications this chart also illustrates how the adult MHDS System is funded. Theresa reviewed the publically funded system which includes Medicaid and MHDS Regions. Private insurance is a large part

of the system as a whole and that there also small amounts of money that come from the education system, for kids, and from the Community Mental Health Block Grant for both kids and adults. Iowa has a high percentage of residents that are covered by insurance. If you look at all residents (adult and children) in the state as of 2019, 60% of individuals have private insurance, 19.5% have Medicaid or hawk-i, 16% have other public sources such as Medicare or military coverage, and 4.7% are uninsured. Theresa indicated that the majority of children in the State of Iowa are covered by insurance with only 2.5% of kids uninsured.

The chart indicates that Medicaid and CHIP (hawk-i) provide more funding than private insurance. This is because there are services funded by Medicaid and the MHDS Regions that private insurance will not cover. Theresa reviewed the MHDS Regions Comparison to Medicaid Covered Services. Most of the required services in the regional system are also Medicaid covered services.

Theresa provided information on the history of funding for the MHDS Regions starting back in 1995, when the property tax relief fund and Fund 10 was created, at this time Iowa was still county-based related to MHDS services. It was at this time that counties had to choose their maximum per capita levy. Fund 10 states that counties/regions can only use the dollars levied for MHDS Regional Services on MHDS services and that no other funds can be used for these services.

MHDS Redesign legislation established Regions July 1, 2014. It was determined that \$47.28 per capita was what was needed for the Regions. At this point some counties were levying above \$47.28 and some were below this amount. Those counties that were above \$47.28 had to come down, and those below the state provided dollars to bring counties up to \$47.28 per capita. This is referred to as equalization dollars and totaled \$30 million. The state provided these dollars to the counties for a couple of years.

Currently Regions across the state levy at different amounts, but within the Region they have the option to levy counties at their same maximum levy amount. Maximum levies are equal across each Region, but not statewide. Regions don't have the authority to levy. Each county levies what the Governing Board determines is necessary for the Region's budget. Fiscal Year 2021 the maximum levy allowed is approximately \$116.8 million dollars.

Theresa spoke about fund balances and the recommendations by the MHDS Commission and other groups to retain those fund balances. Some Regions have high fund balances, but not all Regions do. The current range for the Regions is 18% to 200% fund balance. The greatest contributing factors to the increase in fund balances, is Medicaid expansion. Legislation requires Regions spend their fund balances down to 40% by the end of fiscal year 2022. To spend down their fund balances Regions developed more services, many of which relate to individuals with complex needs, and counties have reduced the MHDS levy.

Conversations on the future of MHDS funding continue, especially complex service needs and children's core services. The Governor's budget has proposed \$15 million in state funds to support core services for the MHDS Regions in both fiscal year 2022 and fiscal year 2023.

Russell Wood commented that the pandemic has impacted the budgets for Regions specifically that they are seeing a significant decrease in expenditures based on utilization. The pandemic has also created barriers in expanding services, as many providers are unable or unwilling to invest in creating new services when they are struggling to get services back to normal. These issues have made it challenging for Regions to spend down their fund balance within the given time period. There was discussion about how Regions continue to pay for services once their fund balances have been spent down. Theresa indicated that eight Regions will be at 40% or below fund balance by fiscal year 2022, based on the regional budgets submitted. There was discussion about blended funding between Medicaid and MHDS Regions. There was also discussion about funding for Certified Community Behavioral Health Centers (CCBHC).

### **MHDS Update**

Theresa Armstrong introduced Cory Turner, Administrator, Division of Mental Health and Disability Services – Facilities and indicated that he would be giving an update on the Department of Justice (DOJ) investigation at the State Resource Centers (SRC), which began in November of 2019. DHS received notice on December 23, 2020 of their findings related to the SRCs. DOJ findings included; inadequate physical care, lack of oversight or quality assurance, human subject experimentation without consent, and inadequate behavioral supports. Cory reviewed the progress that has been achieved over the past 14 months including; a revival of policies and practices, appointment of a new Superintendent at Glenwood Resource Center (GRC), change in the way supervisors are scheduled and housed as well as the Administrators on Duty, scheduled multiple town halls with all SRC staff to address transparency and communication about changes, overcoming staffing challenges, which is still being addressed, training of staff, stepped up hiring process, changed behavioral management system to MANDT, which has translated into a large reduction in restraints, hired a new Administrator of Nursing at GRC, contracts established with the University Hospital and Clinics, including peer review, medical care and case review.

Staffing challenges and quality assurance are the main issues still being address. Due to staffing vacancies at Glenwood, and working closely with guardians they agreed to move some individuals from the Glenwood campus to the Woodward campus, there is no intent to close Glenwood. DHS has until February 9<sup>th</sup> to agree to the DOJ report and consent decree or DOJ will file. DHS wants to proactively work with the DOJ to draft a consent decree over the next few weeks.

Betsy Akin asked if the Woodward Resource Center (WRC) and if the issues there were more related to ADA compliance, versus the variety of issues at GRC. Cory indicated that for the most part that one of the larger issues for WRC was around ADA compliance, but that many of

the changes made at GRC will be made at WRC as well to provide consistent quality service. Betsy, as a parent of a resident at a State Resource Center, thanked the State for being transparent and giving parent's a voice.

Theresa stated that the recent DOJ report was for the findings related to the SRCs specifically, and contained a statement that they are continuing their investigation related to ADA compliance with the SRCs. Theresa indicated that this was about the rights of individuals to receive services in the most integrated setting possible.

Theresa updated the Commission on CARES dollars. The state received an extension, which meant that MHDS Regions will have until June 30, 2021 to spend those dollars. Theresa praised the Regions on spending the dollars quickly and effectively and reviewed many of the services and supplies that were implemented with CARES dollars.

Theresa reviewed additional dollars received by SAMHSA, including the Community Mental Health Block Grant and Substance Abuse Treatment Block Grant. The mental health block grant will require a 5% set-aside for crisis services. Theresa also stated that there are \$600 million dollars available in expansion grants for CCBHCs, and that SAMHSA has posted a request for more applications. Theresa indicated that Iowa currently has eight (8) CCBHCs and there are likely more providers in Iowa who would be interested in expanding their services to become a CCBHC.

Theresa Armstrong reviewed current legislation with Commission members which included:

#### Governor's FY22 Budget

\$15M – MHDS Regions

\$8M – Home and Community Based Services (HCBS) provider rate increases for Medicaid

\$3.9M – Psychiatric Medical Institutions for Children provider rate increases with Medicaid

#### Bills Issued:

HF5 – Health Care Professional Recruitment Program

SF4 – Eliminates Certificate of Need

HF54 – Expands Inpatient Bed Tracking

SF78 – Interstate Compact for Psychologists

HF108 – State to Apply for a Demonstration Waiver for a Full Array and Continuum of Evidenced Based Substance Use Disorder Services

#### **Planning for Future Meetings**

No comments were offered for future meeting topics

#### **Public Comment**

Todd Lange with Amerigroup in Dubuque and on the Mental Health Planning Council provided an update on peer support, which is a core service. Todd commented the MHDS of the East

Central Region and the Eastern Iowa Region both have peer support committees that meet on a monthly basis. Todd indicated they are planning to do an update on the utilization of peer support in the East Central Region. Todd commented that there could be a presentation or update with the State later this year.

Quinn Wood commented regarding difficulties retaining staff at mental health centers, and maybe a priority of the next legislative session should be to get incentives for individuals that work in these centers, like what is done for other skilled trades (plumbing, electrical).

### **Adjourn**

The meeting adjourned at 11:57 a.m.

Minutes respectfully submitted by Wendy DePhillips.